Gift to Agency Report	A Public Do	ocument		GIFT TO AGENCY REPORT	
1. Agency Name			Date Stamp	California 201	
Governor's Office				Form OUI	
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address	W 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
State Capitol					
Area Code/Phone Number E-	mail		Amendment (expl	tain in comment section)	
(916) 445-0873	101 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1				
Agency Contact (name and title)	Agency Contact (name and title)			Date of Original Filing:	
Dan Maguire, Deputy Legal Af	fairs Secretary				
2. Donor Name and Address					
□ Individual		[X] Other	GE c/o Universal S	Studios Hollywood	
☐ Individual	First Name	E Outer		Name	
100 Universal City Plaza 5511			CA	91608	
	City		State	Zip Code	
	media, and financial services co				
	iness activity (if business) or its nature and into				
If applicable, identify the name of e	ach source and the amount(s) solicit	ed or receive	d by the donor for this	s gift:	
	¢			•	
Name	Amount		Name	Amount	
3. Payment Information					
3.50	(other than travel) 09 17 08	•	141.331		
Date and Amount of Payment	(other than travel) (month, day, year)	\$	141,331 (Round to whole dollars)		
T D 1-5 1-5					
Travel Payment Information (R	ound to whole dollars) Location of I	ravei	-		
\$	\$	c	c	c	
	ntation Expenses Lodging Expenses				
Provide a specific descript	ion of the nature and use of	the paym	ent for official ag	jency business:	
GE paid Genesis Creative Ground August 13 - 15, 2008.	up Inc. for transportation and logi	stics service	es for the Border Go	overnors Conference on	
Identify the officials for who	om the payment was used:				
M. A. P. M.					
Not Applicable Last Name	First Name	Т	itle	Department/Division	
	T. Wal Product		nio	Department/Division	
Last Name					
Last Name	First Namo	Т	itle	Department/Division	
4. Verification					
I have determined that it is in the inte	erests of the agency to accept this g	ift and use it	for the official agency	business described above.	
erm	0			10/10/	
Signature of Agency Head or Designee	Susan Kennedy Print Name	Chief	of Staff	1011 08	
Cignition of regulary Fluad Of Designed	Fillit Maille		Title	(month, day, year)	
Comment: (Use this space or an attack	chment for any additional information.)				